



*Research and Technical Services  
Animals Care and Use Committee*

---

**Post Immobilization or Capture Questionnaire**

---

Date(s) of Capture:

Project Title:

IACUC Project Number:

---

Species Captured:

Number Captured:

Please list and briefly explain any mortality events, injuries or adverse reactions observed during the capture event(s):

Please list and briefly explain any mortality events, injuries or adverse reactions observed during post monitoring activities within 30 post capture: